		C
ATTORNEY OR PARTY WITHO	OUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
-		
TELEPHONE NO.:		
E-MAIL ADDRESS	FIVUS	
(optional): ATTORNEY FOR (Name):	FAX NO.:	
. , ,	CALIFORNIA, COUNTY OF	
re		
EFENDANT:	, on habeas corpus	
ate of birth:	California Dept. of Corrections No. (if applicable):	
	NOTICE AND REQUEST FOR RULING	CASE NUMBER(S):
(Cal. Rules of Court, rule 4.551(a)(3)(B))		
	· · · · · · · · · · · · · · · · · · ·	
I,	, filed a petition for wr	rit of habeas corpus in the
,	ntitled case in the Superior Court of Califo	•
	on (date):	orma, county or (manney)
	on (date).	•
An of thi	a data. I have not received a ruling on the	a patition within 60 days of
	s date, I have not received a ruling on the	
_	required by rule 4.551(a)(3)(A) of the Cal	
	re, I request that the court rule on the pet	•
Court, ru	ule $4.551(a)(3)(B)$.) A copy of the original	petition for writ of habeas
	s attached to this <i>Notice and Request for</i>	
00.100.0		
l declare	e under penalty of perjury under the laws	of the State of California
	. , , , ,	of the state of samornia
that the	foregoing is true and correct.	
Date:		
Date.		
	(TYPE OR PRINT NAME)	(SIGNATURE)